

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/611,585	
		Filing Date	July 1, 2003	
		First Named Inventor	Kent Oertle	
		Group Art Unit	2819	
		Examiner Name	Don P. Le	
Total Number of Pages in This Submission		12	Attorney Docket Number	13693US01

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE Return-receipt postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	Timothy L. Harney	Registration No. (Attorney/Agent)	38,174
Signature			Date: March 30, 2005

EXPRESS MAIL DEPOSIT

"Express Mail" mailing label number : EV640747676 US

Date of Deposit March 30, 2005.

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Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act 2005 (H.R. 4818)

FEE TRANSMITTAL

for FY 2005 MAR 30 2005

Complete if Known

Application Number 10/611,585

Filing Date July 1, 2003

First Named Inventor Kent Oertle

Examiner Name Don P. Le

Art Unit 2819

 Applicant claims small entity status. See 37 CFR 1.17

TOTAL AMOUNT OF PAYMENT (\$ 790.00)

Attorney Docket No. 13693US01

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

 Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$) 50

Fee (\$) 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$) 200

Fee (\$) 100

Multiple dependent claims

Fee (\$) 360

Fee (\$) 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee

Fee Paid (\$)

21 -20 or HP 0 x 50 = 0

Fee

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

5 -3 or HP 0 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

-100 /50 (round up to a whole number) x =

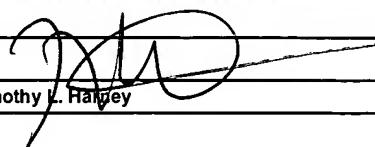
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination

790.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	38,1745	Telephone	(312)775-8000
Name (print/type)	Timothy L. Hanley			Date	March 30, 2005